Rec'd Late POC 6/9/09 Baquito.

PRINTED: 05/29/2009
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN3867AGC	A. BUILDING _____ B. WING _____	05/29/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS CASTLE HOME CARE	2060 ARCANE AVE RENO, NV 89503

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 5/29/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a grade of A. The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000	RECEIVED JUN 02 2009 BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA	
Y 895 SS=D	449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered.	Y 895	CARE GIVERS IN OUR FACILITY ARE CERTIFIED IN MEDICATION. AND ITS ALWAYS BEEN OUR PRACTICE TO FOLLOW DOCTOR'S ORDER AS FAR AS MEDICATION MANAGEMENT BUT THIS WAS OVERLOOKED BUT THE MEDICATION (TRAZODONE) HAS BEEN GIVEN IN A REGULAR BASIS	

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Jose O. Castillo — CADMINISTRATOR — 06/01/09

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Y 895	Continued From Page 1 This RULE: is not met as evidenced by: Based on record review on 5/29/09, the facility failed to ensure one type of medication administered to 1 of 6 residents was documented on the March, April and May 2009 medication administration records (Resident #4 - Flonase). Severity: 2 Scope: 1	Y 895	THE MEDICATION FLONASE HAS BEEN REGULARLY GIVEN TO THE RESIDENT #4 BY THE SAME CAREGIVER BUT FAILED TO RECORD THIS THINKING ITS ONLY A SPRAY. ADMN. WILL MAKE SURE TO DOUBLE CHECK THE MAR. MORE FREQUENTLY TO AVOID THIS INCIDENT TO HAPPEN AGAIN.	06/01/09
Y 896 SS=D	449.2744(1)(b)(2) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (2) The date and time that the medication was administered.	Y 896	THE M.A.R. FOR RESIDENT NO. 4 WAS CORRECTED AND ADDED FLONASE SINCE IT WAS STARTED ATTACHED IS THE M.A.R. THAT WAS MODIFIED.	06/01/09
	This RULE: is not met as evidenced by: Based on record review on 5/29/09, the facility failed to document the date and time one medication was given to 1 of 6 residents on the March, April and May 2009 medication administration records (Resident #4 - Flonase). Severity: 2 Scope: 1		ADMINISTRATOR WILL MAKE SURE TO CHECK THE M.A.R. AND THE MEDICATION ALL THE TIME AND THE INSTRUCTION AS WELL.	06/01/09
Y 898 SS=D	449.2744(1)(b)(4) Medication / MAR	Y 898		

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Y 898	Continued From Page 2 NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This RULE: is not met as evidenced by: Based on record review on 5/29/09, the facility failed to ensure the instructions for administering one medication was on the March, April and May 2009 medication administration records for 1 of 6 residents (Resident #4 - Flonase). Severity: 2 Scope: 1	Y 898	THIS PRACTICE OF RECORDING AND FOLLOWING THE INSTRUCTION HAS BEEN DONE SINCE THE START OF THE OPERATION THIS WAS JUST OVERLOOKED BUT, THE MEDICATION HAS NOT BEEN MISSED GIVEN TO THE RESIDENT #4 IT WAS NOT ONLY RECORDED. ATTACHED IS THE M.A.R. THAT INCLUDED FLONASE AND FROM NOW ON WE WILL CONTINIOUSLY MONITOR THE FLOW OF MEDICATION AND CHECK THIS ALL THE TIME TO AVOID THIS FORM HAPPENING AGAIN	06.1.09 06.1.09